

OFFICE USE ONLY	
HSS Project No.	Plan No.

FREE-STANDING CBRF PLAN APPROVAL APPLICATION

Completion of this form is voluntary; however, failure to provide complete information may delay the plan approval process. Personal information will be used for identification and communication and will not be used for any other purpose. This form may be reproduced as needed. If you have questions about the completion of this form, call 608-243-2088 for assistance.

- Plans shall be drawn to scale HFS 83.56(2).
- A free-standing CBRF is not physically attached to hospital or nursing home.
- If the CBRF is attached to a hospital or nursing home, do not complete this form; complete form DSL-2333 Plan Approval Application.
- If this building, following construction of this project, contains more than 50,000 cubic feet in total volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect. COMM 50.07(2)
- A separate plan approval application form and fee must be submitted for each new building, addition to an existing facility and remodeling projects or for equipment upgrades. There is NO FEE required for preliminary plan reviews.
- Complete all sections of the form. Submit the form, required fee, and a minimum of two (2) bound sets of plans, to the address at the end of this application.
- Make checks payable to: **DIVISION OF DISABILITY AND ELDER SERVICES.**

DO NOT SUBMIT PLANS TO THE REGIONAL OFFICES - SEE MAILING ADDRESS AT END OF APPLICATION

1. OWNER							
Name		Company Name					
Street Address, City State, Zip							
Contact Person		Telephone Number	FAX Number				
2. PROJECT INFORMATION							
Building Occupancy Chapter(s) and Use		Tenant Name (if any)					
Building Location (number and street), City, State and Zip			County				
Project Description (attach a separate page if necessary)							
3. LICENSE INFORMATION - FOR PLAN REVIEW INFORMATIONAL USE ONLY							
NEW LICENSE		EXISTING LICENSE		LICENSE CHANGE			
<input type="checkbox"/> AA	<input type="checkbox"/> AS	<input type="checkbox"/> ANA	<input type="checkbox"/> AA	<input type="checkbox"/> AS	<input type="checkbox"/> ANA	From	To
<input type="checkbox"/> CA	<input type="checkbox"/> CS	<input type="checkbox"/> CNA	<input type="checkbox"/> CA	<input type="checkbox"/> CS	<input type="checkbox"/> CNA		
			<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C		
4. BUILDING OR STRUCTURE DESIGNER							
Designer						Registration Number.	
Design Firm						Project Number.	
Street Address, City, State and Zip							
Contact Person		Telephone Number		FAX Number			
5. SUBMITTAL REQUEST							
PROJECT				REVIEW REQUESTED			
<input type="checkbox"/> New Building	<input type="checkbox"/> Preliminary Plans	<input type="checkbox"/> Building	<input type="checkbox"/> Sprinkler System				
<input type="checkbox"/> Alteration	<input type="checkbox"/> Final Plans	<input type="checkbox"/> Building/HVAC	<input type="checkbox"/> Heat and Smoke Detection System				
<input type="checkbox"/> New Addition	<input type="checkbox"/> Revisions to Previously Approved Plans						
<input type="checkbox"/> Use Change	<input type="checkbox"/> Variance/Waiver Request						
<input type="checkbox"/> OTHER							

6. HVAC-SPRINKLER		
Designer	Registration Number	
Design Firm		
Street Address, City, State and Zip		
Contact Person	Telephone Number	FAX Number

7. BUILDING INFORMATION		
<input type="checkbox"/> COMPLETE Sprinkler – NFPA _____	<input type="checkbox"/> Heat and Smoke Detectors	Total Number of Stories: _____
<input type="checkbox"/> PARTIAL Sprinkler – NFPA _____	<input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Emergency Power	Entire Bldg. Footprint Area _____ Sq. Ft.
Total cubic foot volume of the building	<input type="checkbox"/> less than 50,000	Soil Bearing Capacity _____ pfs
Upon completion of the project	<input type="checkbox"/> more than 50,000	<input type="checkbox"/> PRESUMED <input type="checkbox"/> VERIFIED

8. CONSTRUCTION CLASS REQUESTED (*existing with waiver only)		
<input type="checkbox"/> 1. Fire resistive Type A	<input type="checkbox"/> 3. Metal Frame Protected	<input type="checkbox"/> 5A. Exterior Masonry – Protected
<input type="checkbox"/> 2. Fire resistive Type B	<input type="checkbox"/> 4. Heavy Timber	<input type="checkbox"/> 5B. Exterior Masonry – Unprotected *
<input type="checkbox"/> 6. Metal Frame <input type="checkbox"/> 7. Wood Frame – Protected		
<input type="checkbox"/> 8. Wood Frame – Unprotected *		
If plans do not show compliance with requested construction class but are can be approved at a lower class, do you wish approval at the lower class?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

9. SUPERVISING PROFESSIONAL INFORMATION	
<input type="checkbox"/> For Building <input type="checkbox"/> Same as Building Designer <input type="checkbox"/> HVAC <input type="checkbox"/> Same as HVAC Designer <input type="checkbox"/> For Sprinkler <input type="checkbox"/> Same as Sprinkler Designer	Supervising Professional (if different from designer) _____ Street Address, City, State and Zip _____ Telephone Number _____

12. CALCULATION OF FEES	
TABLE A	TABLE B
ESTIMATED PROJECT COST	TOTAL ESTIMATED PROJECT COST FEE
Building Construction Cost**	Less than \$4,999 \$100
HVAC System Cost	\$5,000 - \$24,999 \$300
Sprinkler System Cost	\$25,000 - \$99,000 \$500
Smoke or Heat Detection Cost	\$100,000 - \$499,999 \$750
	\$500,000 - \$999,999 \$1,500
	\$1,000,000 - \$4,999,999 \$2,500
Total Estimated Project Cost \$	\$5,000,000 and over \$5,000

**Building Construction Cost excludes the following itemized costs:

- (a.) System Costs
 (b.) Sprinkler System Costs
 (c.) Smoke or Heat Detection Costs

**TOTAL FEE
SUBMITTED → →**

12. OWNER'S STATEMENT (COMM 50.11)

I request that plans be reviewed for compliance with the code requirements set forth in HFS 83 of the rules of the department. I recognize that I am responsible for compliance with all code requirements and any conditions of plan approval. If this building exceeds 50,000 cubic feet in total volume, I will retain a supervising professional as required by COMM 50.10, throughout construction to project completion and the filing of a Compliance Statement by the supervising professional prior to occupancy.

SIGNATURE – Owner	Name and Title (please print)
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15. ORIGINAL SIGNATURES (sign in the applicable space)	
Bldg. And HVAC Designer and Supervising Professional	Date Signed
Bldg. Designer and Supervising Professional	Date Signed
Fire Alarm Designer and Supervising Professional	Date Signed
Sprinkler Designer and Supervising Professional	Date Signed

DO NOT SUBMIT PLANS TO THE REGIONAL OFFICES – SUBMIT PLANS TO ONE OF THE ADDRESSES BELOW

DELIVERY SERVICE Division of Disability & Elder Services Bureau of Quality Assurance Health Services Section 2917 International Lane Suite 300 Madison WI 53704

1st CLASS – US POSTAL SERVICE Division of Disability & Elder Services Bureau of Quality Assurance Health Services Section 2917 International Lane Suite 300 Madison WI 53704
